

JUNE 17, 2008 MICHAEL W. DOBBINS

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION**

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IP. ANDERSON	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT
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(Enter above the full name of the plaintiff or plaintiffs in this action)	
uns action)	
vs.	Case No:
CERMAK HEALTH SERVICE	(To be supplied by the Clerk of this Court)
PROCRAM SÉRVILES	
	· · · · · · · · · · · · · · · · · · ·
	08CV2986
	JUDGE HART
	MAG. JUDGE DENLOW
(Enter above the full name of ALL defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER TI U.S. Code (state, county, or	HE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
	E CONSTITUTION ("RIVENS" ACTION) TITLE
OTHER (cite statute, if kno	
- Taractonia statute, II Kile	жи

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plai	ntiff(s):	
	Α.	Name: IR, AMERONI	
	В.	List all aliases:	•
	C.	Prisoner identification number: 20070090000	
	D.	Place of present confinement:	,
	E.	Address: 2600 50 CALIEDRILITH CIGO IL 16	-D b DB
	munt	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a ate sheet of paper.)	
П.	(In A positi	below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space to additional defendants is provided in B and C.)	
,	Α.	Defendant: CERNIX HENTY SERVICES	,
		Title: <u>EXENTIST</u>	
	. •	Place of Employment: CCC.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.	
	В.	Defendant: CTDMAK HCAUTH SERVICES	
		Title: ADMILLES TRATOR	
	,	Place of Employment: C.C.DDC CHS	
	C.	Defendant: Purlam SERVICES	
		Title: ADMILITETRATOR	
٠.		Place of Employment: C.C.D.D.C.	
	(If you accordi	have more than three defendants, then all additional defendants must be listed ing to the above format on a separate sheet of paper.)	

A.	Name of case and docket number:					
В.	Approximate date of filing lawsuit:					
C.	List all plaintiffs (if you had co-plaintiffs), including any aligner					
	any anascs.					
D.	List all defendants:					
E.	Court in which the lawsuit was filed (if federal court, name the district; if state country):					
F.	Name of judge to whom case was assigned:					
G.	Basic claim made					
H.	Disposition of this case (for example: Was the case dismissed? Was it appealed Is it still pending?):					

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

BUT AS A REDIKEST AND TO SEND HE TO THE PAIL PILLS, WHICH I HEVER RECIEVED. THE DENTIST HAD TO PEPRET TO THE C.H.S ADMINI AND LOG THAT I HAD BEEN SEEN, OU MARCH 2TH THE ADMINISTRATOR	T REDIVERTED TO SEE A DYLITET
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Relief:	
State briefly exa no cases or state	actly what you want the court to do for you. Make no legal arguments. Cutes.
J. WAYD	LIKE TO BE COMPENSATED FOR
VAILL	AND SUFFERING
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· .	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
•	Signed this 5 day of 5 2008
	noncomo Ex
	(Signature of plaintiff or plaintiffs)
	(Print name)
	1 WANDOWALL

(Address)